Maryland Health Care Commission

Race, Ethnicity and Language Collection

October 22, 2013

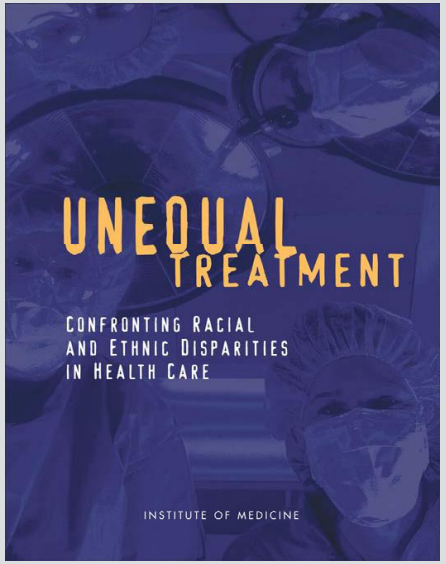
Increasing Diversity Impacts Cost & Quality

UnitedHealthcare

- The United States demographic profile is ever-changing and becoming increasingly more diverse: **by 2042, minorities will comprise a majority of the population**.
- More than 30 percent of direct medical costs faced by African Americans, Hispanics, and Asian Americans were **excess costs due to health inequities – more than $230 billion** from 2003 to 2006.[1]
- Eliminating health inequalities for minorities would have **reduced costs** associated with illness and premature death by more than **$1.24 trillion** between 2003 and 2006.[1]

Racial and ethnic minorities often receive lower-quality care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, co-morbidities, and stage of presentation.[1]

2002
Seminal Study by Institute of Medicine (IOM) on Disparities in Care



Practical Strategies and Demonstrated Results in Reducing Disparities are in Short Supply

[1] Nelson, Alan. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Journal of the National Medical Association, Vol. 94, No. 8, August 2002.

Health Equity Services Program: Commitment to Reduce Health Disparities

UnitedHealthcare

Mission: Collaborate across Benefit Businesses and Shared Services to **improve the member experience** through enhanced **culturally and linguistically appropriate programs, services and materials.**

Program Goals:

- Support infrastructure and process developments to **identify, track and reduce health disparities** to improve the quality of health of consumers and communities.
- Embrace diversity by creating a **continuum of culturally sensitive initiatives** that promote health and prevent avoidable health care cost.

The HES program launched in 2010 as a collaborative, cross-enterprise initiative to enhance the overall member experience.

3

REL Importance

Consensus on the importance of REL data:

There are multiple determinants of health including, natural and social environmental risks, employment, education, housing and poverty, but it is **one's culture and beliefs which are strongly influenced by Race and Ethnicity that significantly effect personal decisions and behaviors** to adopt healthy lifestyle practices.

The presence of **race, ethnicity, and language data** does not guarantee analysis of quality data to identify health care needs, or actions to reduce or eliminate disparities.

The absence of data, however, essentially guarantees that none of those actions will occur.

- Institute of Medicine

UHG Position Statement: REL Collection

UnitedHealthcare®

"UnitedHealth Group supports the **voluntary reporting of race, ethnicity and language preference information by its customers and members**. UnitedHealth Group will use such information **for the purposes of promoting health equity by understanding and addressing disparities** within the healthcare system, improving quality of care, and tailoring services and programs to best meet the needs of individuals in an increasingly diverse society."

Direct Member Collection Tool

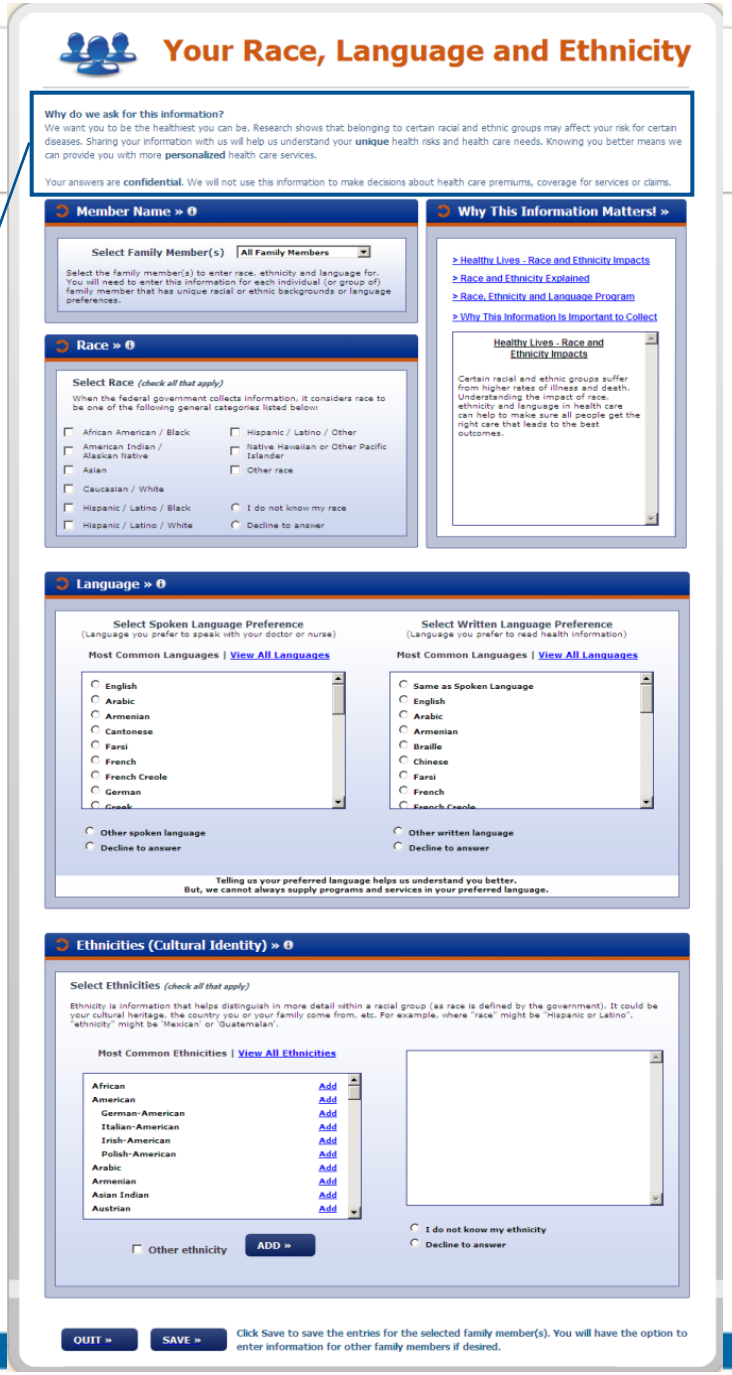
- The Race, Ethnicity, Language (REL) Survey launched on **myuhc.com on September 30th, 2011** to enable the direct collection of member data.

- Information is entirely confidential, secure, and protected

Why this matters

We want you to be the healthiest you can be. Research shows that your race and ethnicity may affect your risk for certain diseases. Sharing your information with us will help us understand your unique health risks and health care needs. Knowing you better means we can provide you with more personalized health care services.

Providing your race, ethnicity and language information is entirely voluntary. The information you provide will be confidential unless we are required by law to disclose the information. The information will not affect your insurance coverage, how much you pay, or how we pay your claims. If you decide not to answer, your choice will also not affect your premiums, coverage for services, or how we pay your claims.



Responding to Diversity: Optimizing Value

UnitedHealthcare

Value to Members

- More tailored Health and Wellness materials
- Enhanced culturally sensitive care management and customer services interactions
- Wider variety of online tools and resources accounting for language and cultural differences
- Quicker engagement of translation and interpretation services

Value to Purchasers

- Better engagement of members through targeted and strategic marketing
- Improved utilization of health services through culturally and linguistically appropriate communications, clinical programs and benefit offerings
- Lower health care costs / premiums resulting from more efficient health care utilization

History of UHG Health Equity Initiatives

UnitedHealthcare®

- **Multicultural Centers of Excellence (2002):** Offer award-winning culturally tailored programs, tools and services, many of which are embedded into our products at no additional costs to members (*Latino Health Solutions* to better meet the needs of Hispanic and Latino members; *Generations of Wellness* to provide unique and innovative health tools to African American members; and *Asian American Markets* to provide tools, information and screening reminders relevant to Asian American members in four different Asian languages and English).
- **National Health Plan Collaborative (NHPC) (2005):** A voluntary 11-insurer effort currently led by AHIP that strives to reduce racial and ethnic disparities and to improve the quality of care for all Americans.
- **UHG Multicultural Advancement Team Forum (2007):** An enterprise wide grassroots team that strives to identify and develop innovative solutions to enhancing the multicultural member experience and health outcomes of our diverse membership.
- **UHG Health Disparities Council (2008):** A consortium of clinical leaders with the mission to improve the health of racial and ethnic minority populations by providing leadership in understanding health disparities, and in the development of initiatives, programs and policies that help eliminate such disparities.
- **UHG Health Literacy Innovations Program (2008):** A team that works at the corporate level to facilitate health literacy awareness and skills training; identify and share best health communications practices and discover where health communications might be strengthened.
- **Commission to End Health Care Disparities (2009):** A coalition of organizations lead by the AMA, NMA, & NHMA focused on health professional leadership, quality, and system approaches to eliminate disparities. UHG is the only national payer to join this commission to date.
- **UHG Health Equity Services Program (2010):** A centralized program that supports all UHG businesses and functional areas in enhancing multicultural capabilities to enrich the member experience and promote better health outcomes.
- **Online Member REL Collection Survey (2011):** Launched by Health Equity Services Program for Commercial member's to self-report race, ethnicity and language preferences online via myuhc.com.
- **Health Equity website (2013):** Launched by Health Equity Services Program http://www.uhc.com/about_us/health_equity.htm

8

Thought Leadership and Industry recognition

UnitedHealthcare

We provide leadership, advocacy and innovation through our relationships with many influential organizations,

HHS.gov
U.S. Department of Health & Human Services

NATIONAL HEALTH PLAN COLLABORATIVE

AMA
AMERICAN MEDICAL ASSOCIATION

NHMA National Hispanic Medical Association

UnitedHealthcare has received broad recognition as the industry leader in multicultural health innovation.

NCQA MULTICULTURAL HEALTH CARE DISTINCTION

National Business Group on Health

American Heart Association | American Stroke Association

HERMES CREATIVE AWARDS

Thank you!

UnitedHealthcare®

APPENDIX

Health Disparities: An Unequal Burden

UnitedHealthcare

The Health Burden:

- Certain cultural groups are disproportionately affected by health issues more than others:
  - South Asian immigrants are 7 times more likely to have type 2 diabetes than the general U.S. population.[1]
  - Vietnamese American women have a higher cervical cancer incidence rate than any ethnic group in the United States – five times that of Caucasian women.[2]
  - Overall, African Americans are more likely to develop cancer than persons of any other racial or ethnic group, and have the highest cancer death rate than any other racial or ethnic group.[3]
- Racial and ethnic disparities in health care exist even when insurance status, income, age, and severity of conditions are comparable.[4]

The Economic Burden:

- More than 30 percent of direct medical costs faced by African Americans, Hispanics, and Asian Americans were excess costs due to health inequities – more than $230 billion from 2003 to 2006.[5]
- Eliminating health inequalities for minorities would have reduced costs associated with illness and premature death by more than $1.24 trillion dollars between 2003 and 2006.[5]

1 Bhopal et al., 1999.
2 REACH U.S. Finding Solutions to Health Disparities At A Glance 2008.
3 Office of Minority Health, HHS Fact Sheet Minority Health Disparities At a Glance, 2007.
4 Joint Center for Political and Economic Studies. Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations. Washington, DC; July 2010.
5 Nelson, Alan. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Journal of the National Medical Association, Vol. 94, No. 8, August 2002.